

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: Don Lynch	Date: 6/29/2011	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: Don Lynch		Start Date: 6/29/2011	Est. End Date: 12/1/20110
Brief Description of Work: PC1 East FEM Repair			
Building: 1008	Room: IR	Equipment: PC1 East	Service Provider: PHENIX techs & PC experts

WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

<b>ES&amp;H ANALYSIS</b>					
<b>Radiation Concerns</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination
Radiation Generating Devices:		<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer		
<b>Safety Concerns</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material	
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input checked="" type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls	
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems	
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift	
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*	
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other	
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Environmental Concerns</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.		
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed		
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive		
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical		
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping		
Waste disposition by:		<input type="checkbox"/> Other			
<b>Pollution Prevention (P2)/Waste Minimization Opportunity:</b>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes			
<b>FACILITY CONCERNS</b>		<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations		
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other		
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions			
<b>WORK CONTROLS</b>					
<b>Work Practices</b>					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)	
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other	
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")		
<b>Protective Equipment</b>					
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input checked="" type="checkbox"/> Safety Glasses	
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness	
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Other
<b>Permits Required (Permits must be valid when job is scheduled.)</b>					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems			
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No			
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other			
<b>Dosimetry/Monitoring</b>					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD		
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization		
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O <sub>2</sub> /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other Check O <sub>2</sub> level prior to entry		
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump			
<b>Training Requirements (List below specific training requirements)</b>					
CA -Collider User, PHENIX Awareness					
<b>Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:</b>			<b>If using the permit when all hazard ratings are low, only the following need to sign: ( Although allowed, there is no need to use back of form)</b>		
<b>ES&amp;H Risk Level:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC:	Date:
<b>Complexity Level:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider:	Date:
<b>Work Coordination:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start	Date:
(Departmental Sup/WCC/Designee)					

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

<b>Work Plan</b> (procedures, timing, equipment, and personnel availability need to be addressed): See Attached Work Plan				
Special Working Conditions Required: None				
Operational Limits Imposed: Modification work limited to lower octants easily reachable when standing on lower magnet superstructure.				
Post Work Testing Required: No				
Job Safety Analysis Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Walkdown Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reviewed by:</b> Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.				
<b>Title</b>	<b>Name (print)</b>	<b>Signature</b>	<b>Life #</b>	<b>Date</b>
Primary Reviewer				
ES&H Professional				
Other				
Other				
Work Control Coordinator				
Service Provider				
Review Done: <input type="checkbox"/> in series		<input type="checkbox"/> team		

**4. Job site personnel fill out this section.**

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:
Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

**5. Departmental Job Supervisor, Work Control Coordinator/Designee**

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name:	Signature:	Life#:	Date:

**6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required.** ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)			
Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

**7. Worker provides feedback.**

Worker Feedback (use attached sheets as necessary) a) WCM/WCC: Is any feedback required? <input type="checkbox"/> Yes <input type="checkbox"/> No  b) Workers: Are there better methods or safer ways to perform this job in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)**

Name:	Signature:	Life#:	Date:
Comments:			

**PC1E Troubleshooting in the PHENIX Experimental Hall (bldg. 1008).**

**Problem**

A malfunctioning front end module (FEM) in the PHENIX east Pad Chamber 1 at the bottom end is not functioning properly. (see figure 1) The faults can be addressed by troubleshooting the offending FEM board and connectors which are accessible by arranging to get at it from a step ladder or fixed ladder. The DC/PC1 module may need to be opened a few inches to access the faulty components.

The procedures described below have been used successfully in the past to trouble shoot and repair similarly malfunctioning components of the PC1 detector subsystem. The procedure involves use of a fixed ladder secured to the body of the CM.

**Work Plan**

This work is to be done by fully trained and experienced personnel (PHENIX mechanical and electrical technicians and PC1 expert scientists) during the 2011 maintenance shutdown.

REF: PP-2.5.5.1-01 "Moving the Central Magnet and Detector Carriages in the PHENIX IR"

**1. Preparation for repairs**

- persons performing this work shall have PHENIX Awareness training, CA access training and BNL ladder training.
- Move the east carriage to its open (east-most) position and secure it at the position in accordance with PHENIX standard operating procedures (PP-2.5.5.1-01).
- Ensure that power to the DC & PC1 electronics are secured and that the CM power key is locked out of use.
- A watch person must be present at all times when a person is on the ladders
- Test, reseal, reset, etc. the connection between the faulty module and its cables as necessary to determine the cause of malfunctioning.
- Effect appropriate repairs as necessary. If repairs exceed simple remove/replace, reseal or reset efforts (see PHENIX Awareness Training) such that additional planning is

required, restore all equipment to pre-troubleshooting configuration and consult with PHENIX work control coordinator(s) before attempting more complicated repair efforts.

## **2. Open the DC/PC1 East**

Should access to the module/cable/connector prove to be impossible without moving the DC/PC1 east assembly, the assembly may be moved a few inches, up to 12 inches, as achievable without disconnecting any cables, wires hoses or tubing, except for rigid tubing or piping easily disconnected from the bottom end of the DC. This is accomplished as follows:

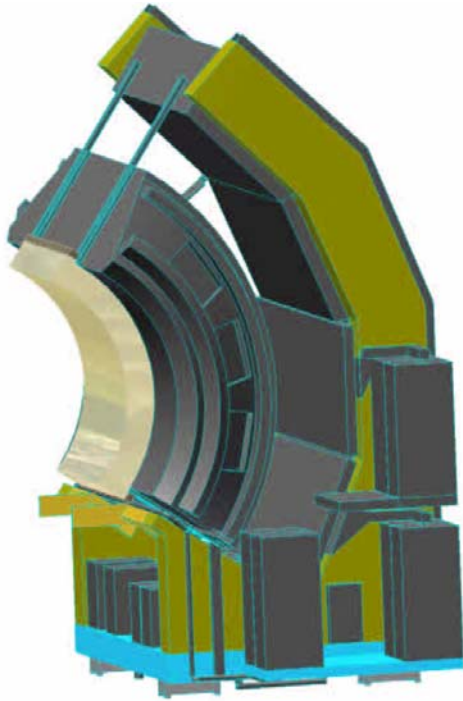
- remove rigid tubing or piping easily disconnected from the bottom end of the DC.
- install a C-clamp stop to prevent the DC/PC1 assembly from moving more than 3 inches west from its run position.
- remove the clamp securing the DC east in the run position.
- put the DC thrust bar into the retaining slot.
- carefully push the DC translation thrust bar westward to slowly move the DC/PC1 approximately 1-12 inches as allowed by cabling, hose and tubing slack. Take care not to damage any cables, hoses and/or tubes.
- install the open position retaining clamp

## **4. Work conclusion**

- remove ladders
- remove the clamp securing the DC in the open position.
- carefully push the DC translation thrust bar eastward to slowly move the DC/PC1 a few inches until it contacts its run position stops.
- re-install the run position retaining clamp
- remove the east stop C-clamp
- remove the DC translation thrust bar from the thrust bar retaining slots and return it to storage for future use.
- check all wiring and piping to make sure none were damaged during the DC/PC1 moves. Effect repairs if necessary.

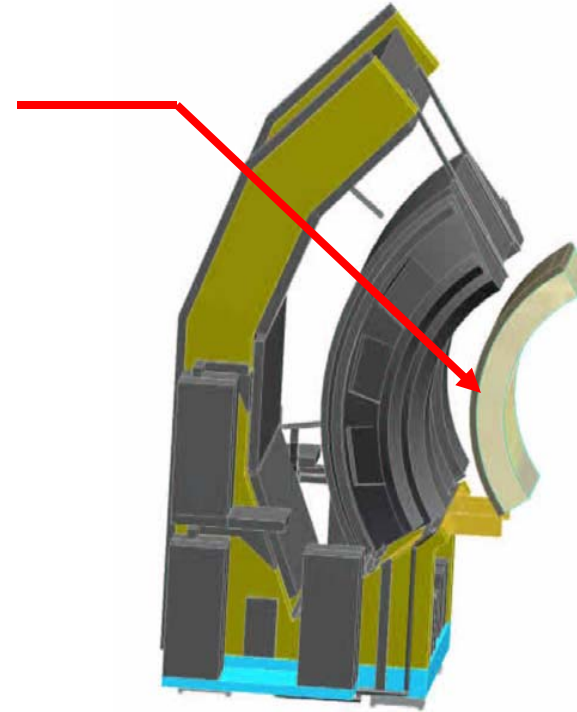
- re-install any rigid tubing/piping as necessary.
- Close out work permit recording any useful feedback concerning the work performed.

# Figure 1: FEM repairs needed on PC1 West



East Carriage with  
DC/PC1 in run position

Faulty  
PC1EC2  
Location



East Carriage with  
DC/PC1 in open position

## Figure 2: Drift Chamber Translation

